

SHOTOKAN FALL OPEN CAMP

PRESENTED BY
ISKF/EAST COAST REGION



國際松濤館空手連盟



師範

GUEST
INSTRUCTOR

JAMES FIELD,
8TH DAN

WWW.ISKF.COM

SEPTEMBER 15TH - 17TH, 2017
CAMP GREEN LANE, PENNSYLVANIA



國際松濤館空手連盟

Dear Campers,

Welcome to the 30th Annual East Coast Fall Camp. In addition to the instruction of our own East Coast Shihankai, (Mr. Robin Rielly, Mr. Najib Amin and myself) we have invited a special guest instructor, Shihan James Field of Santa Monica, California. Sensei Field holds the rank of 8th Dan, and is the esteemed Chairman of the ISKF Technical Committee. His unique style of intense instruction, incorporates calisthenics, but never strays from true Budo.

The Shihankai, along with Sensei James Field, collectively brings over 50 years of instruction experience to our camp. This opportunity should not be missed!

Camp is open to all Shotokan karate practitioners regardless of affiliation.

Fall Camp will conclude with a Goodwill Tournament, followed immediately by the East Coast Selection Shiai.

I look forward to seeing you all at Camp Green Lane in September.

Sincerely,

Hiroyoshi Okazaki
Chairman & Chief Instructor
International Shotokan Karate Federation



30TH ANNUAL FALL CAMP & GOODWILL TOURNAMENT

Date:

30TH ANNUAL FALL CAMP & GOODWILL TOURNAMENT is in session from September 15 - 17, 2017. Registration will begin at 3:00 PM. All ISKF karate-ka must show a ISKF passport (1Kyu and above).

Facilities:

Fall Camp is held at Camp Green Lane, a year-round training facility for athletic and youth programs. The cluster of cabins and training facilities include 3 Dojo areas, athletic field, tennis, basketball and beach volley ball courts. The camp store offers special camp T-shirts, books and other karate related merchandise.

Accommodations:

Room and board are included in tuition. Students room in cabins with 10 others.

Tuition:

Regular \$300.00

Pre-Registration \$280.00 (**Before August 15th, 2017**)

Special Family Discount:

Family of 3 - \$830 total. (This is a savings of \$70)

Family of 4 - \$1080 total. (This is a savings of \$120)

Family of 5 - \$1300 total. (This is a savings of \$200)

Please note: There is no early discount for the family rate which is already a tremendous discount price. The family rate is for parents and children of an immediate family.

Reservations:

Return an application with \$30.00 deposit before August 15th, 2017 and receive a \$20.00 (US) discount from the full tuition.

Cancellations:

If you are unable to attend camp for any reason, a refund of your deposit is available minus a \$20.00 clerical fee. ***No refunds will be given after August 15th, 2017, and absolutely no refunds will be given at camp.***

Location:

Camp Green Lane is 45 miles northwest of Philadelphia and 8 miles north of the Pennsylvania Turnpike. All routes to camp are marked with the ISKF logo sign. See **Direction to Camp Green Lane:**.

Vegetarian Meals:

Ovo/Lacto vegetarian meals are available. There will be some vegan meals and we will do our best to accommodate.

■ Goodwill Tournament (Ruled by ISKF):

Fall Camp 2017 will feature a Goodwill Tournament. The individual portion of the tournament is open to all ranks (beginners to black belt). Color belts will perform Ippon kumite, brown belt will perform Jiyu Ippon kumite & black belts will free spar. A Mouthpiece and ISKF regulation Sparring Gloves Are Mandatory For All Participants.

Only camp participants may compete in the tournament. No walk-in competitors will be permitted.

■ Trainee's Class: Subject #25 (Registered ISKF trainees only)

KIHON: Instruction of kumite

KATA: Heian #3

KUMITE: Jiyu kumite-Offensive

■ Dan Examination and Registration Fees:

	Examination	Registration
Shodan	\$80.00	\$90.00
Nidan	\$100.00	\$120.00
Sandan	\$120.00	\$165.00
Yondan	\$150.00	\$220.00
Godan	\$200.00	\$270.00
Rokudan	\$275.00	\$575.00
Shichidan	\$325.00	\$875.00

- The Dan examinations will take place on Saturday September 16, 2017. Those who wish to take the Dan examinations must pre-register by completing the form and sending it with exam and registration fees to ISKF Headquarters **no later than Aug. 15, 2017.** No application or fees will be accepted at Fall Camp.

ALL DAN EXAMINEES MUST HAVE AN ISKF PASSPORT AND BRING IT TO CAMP.

Dan Examinees must attend the Fall Camp and have permission from their chief instructor. Examinees must be ISKF members. A complete dan registration form must be sent with the exam fee and registration fee for the dan rank that is being tested for. Please contact your chief instructor for registration forms. All examinees and all other ISKF members must have a current ISKF card. You will be charged \$50.00 (US) for a replacement card at camp.

■ Examinees:

The Dan examinees for Godan and above testing for the first time must submit their technical research paper to ISKF Headquarters **NO LATER THAN AUGUST 1ST, 2017.**

FOR PREPARING THE RESERCH PAPER, PLEASE GO TO:

<http://iskf.com/information/#qualifications>

■ **Camp Rules:**

- Complete Fall Camp rules will be distributed at registration. There are a few items below which deserve your special attention.
- The most senior person in each cabin is the designated Cabin Captain and is responsible for the conduct of the members of that cabin, especially in regard to the items below.
- Campers are expected to clean their cabins before leaving Camp. Necessary equipment will be provided.
- Each camper will serve as a waiter. This is not only part of your tuition but also part of your training. No one is excused from his or her assignment.
- No one should find it necessary to wander beyond the perimeter of the campgrounds. The camp road is a public access road, please exercise caution when crossing.
- If you have any questions or concerns, feel free to contact us by mail, phone, fax or e-mail at:

ISKF 222 South 45th Street Philadelphia, PA 19104 USA

Tel 215.222.9382 - Fax 215.222.7813 - Email iskf@iskf.com - www.iskf.com

■ **Directions to Camp Green Lane:**

FROM THE NORTHEAST EXTENSION 476 (ROUTE 9) / PA. TURNPIKE

Northeast Extension 476 (Route 9) North to Lansdale Exit #31. Turn right (from exit) onto Route 63 West. After several miles (and about 15 minutes), turn right onto Route 563 North. Left on Township Line Road. Stay to the right, and the Camp entrance is approximately 3/4 mile, marked by large sign.

To get to the Northeast Extension:

FROM PHILADELPHIA AND SOUTH JERSEY

Take Route 76/Schuylkill Expressway West to Interstate 476 (Route 9) North (Exit 28B). Go through toll booth. Follow directions above.

FROM NORTHEAST PHILADELPHIA

Pennsylvania Turnpike West to Northeast Extension 476 (Route 9) North (Exit 25A). Follow directions above.

FROM NEW YORK, NORTHERN NEW JERSEY, WEST CHESTER COUNTY, NY

New Jersey Turnpike to PA Turnpike, Exit 6. PA Turnpike West to Northeast Extension 476 (Route 9) North (Exit 25A). Follow directions above.

FROM BALTIMORE, WASHINGTON, VIRGINIA

Interstate 95 North/East to just past Chester, PA. Take Interstate 476 North (Exit 7). Take to the end (21 miles) and go through toll booth for Northeast Extension. Follow directions above.

FROM HARRISBURG, YORK, WESTERN PA

Pennsylvania Turnpike East to Northeast Extension 476 (Route 9) North (Exit 25A). Follow directions above.

Address to the Camp Green Lane:

249 Camp Green Lane Road Green Lane, PA 18054

SPECIAL FALL CAMP EVENT:

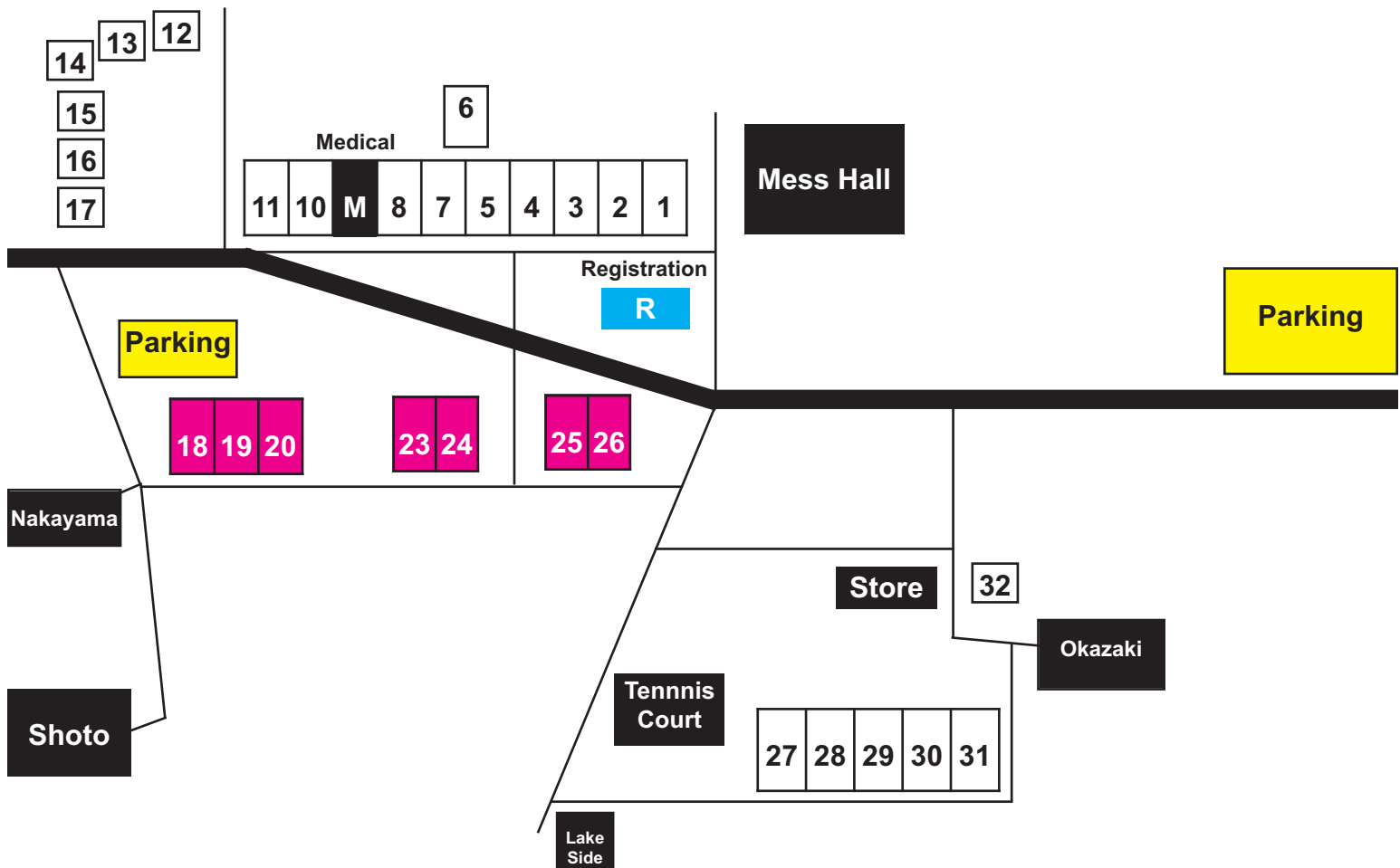
On Sunday, immediately following the Goodwill Tournament we will have our East Coast Kumite Team Selection Shiai. This event is by invitation only. The shiai is a series of round-robin matches to determine which individuals will be chosen for the kumite team to represent the East Coast in this year's ISKF/US Nationals in Los Angeles, CA on November 11th & 12th, 2017. The regional male and female champions, Shaka Smith and Gabrielle Elliott respectively, are automatically selected. The shiai will determine who will join them as kumite team members. Five men and three women will be chosen.

SPECTATORS ARE ENCOURAGED TO STAY AND CHEER ON OUR NEXT EAST COAST KUMITE TEAM!

What To Bring:

- At least 2 gis - White only
- Casual clothes—expect temperatures in the 60's by day, in the 50's by night. Rain is always a possibility
- Towels and personal toiletries
- Running shoes (you wouldn't want to miss the morning jog!)
- Flashlight
- Money—the camp store will be selling gis, books and - other items. T-shirts should be pre-ordered.
- Linens, blankets (or sleeping bag) and pillow.
- If you are taking any kind of medication, be sure to bring an ample supply with you and inform the camp physician upon your arrival.

CAMP MAP:



30TH ANNUAL FALL CAMP & GOODWILL TOURNAMENT

■ Registration Form:

Name _____

DOB ____/____/____ Sex ____ Rank ____

Address _____

City _____ State ____ Zip _____

Email _____ Tel _____

Dojo Name _____

Cabin preference (see **Camp Map**): Cabin Number _____

■ 30th Annual Fall Camp 2017 T-shirt Order Form:

In order to guarantee your long sleeve T-shirt, you must pre-order, and include payment with pre-registration. We cannot guarantee availability or size at Fall Camp. Pre-order postmarked deadline: August 15th, 2017. No shirts will be pre-ordered without payment in advance.

Price per shirt: Pre-ordered \$25.00 (US) / At Camp \$30.00 (US) - subject to availability

T-shirt sizes: Adult S, M, L, XL and XXL

1. Size ____ Qty ____ Amount Enclosed \$ _____

2. Size ____ Qty ____ Amount Enclosed \$ _____

3. Size ____ Qty ____ Amount Enclosed \$ _____

4. Size ____ Qty ____ Amount Enclosed \$ _____

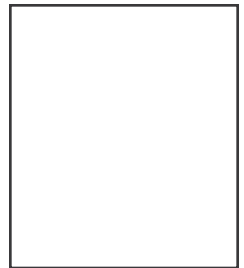
5. Size ____ Qty ____ Amount Enclosed \$ _____



REQUEST FOR DAN REGISTRATION:

FOR PURPOSES OF CLARITY ALL INFORMATION MUST BE
TYPEWRITTEN. **HANDWRITTEN FORMS WILL BE RETURNED.**

*****All registration forms must be signed by the Chief Instructor of
the examinee's club to be accepted.*****



Name _____

Address _____

Telephone (_____) _____ E-mail _____

Registering for _____ Dan Date of Examination ____/____/____

Examiner _____ Instructor _____

**Instructor's Signature _____ **

Club Name _____ Country _____ Region _____

PERSONAL INFORMATION

Date of Birth ____/____/____

Sex M ____ F ____

Height ____ft-____in-____cm

Weight ____lbs/kg

Occupation _____

KARATE HISTORY

When did you begin karate practice? Year _____ Month _____

Previous Dan Registrations:

Date of Exam	Reg. No.	Date of Exam	Reg. No.
1 Dan ____/____/____	_____	5 Dan ____/____/____	_____
2 Dan ____/____/____	_____	6 Dan ____/____/____	_____
3 Dan ____/____/____	_____	7 Dan ____/____/____	_____
4 Dan ____/____/____	_____	8 Dan ____/____/____	_____

***I REQUEST THAT MY RANK BE LISTED IN THE REGISTER OF THE INTERNATIONAL
SHOTOKAN KARATE FEDERATION.***

I PROMISE TO UPHOLD THE STANDARDS AND HONOR OF THE ISKF.

Student's Signature _____

FOR EXAMINER'S USE ONLY

Rank Awarded _____ Examiner's Signature _____

Promotion by: (circle one) EXAMINATION RECOMMENDATION HONORARY

ISKF PASSPORT: (circle one) YES / NO

Remarks: _____



PAYMENT FORM:

Mail with \$30.00 (US) deposit to:
ISKF 222 South 45th Street Philadelphia, PA 19104 USA

Camp Deposit/Tuition \$ _____

T-shirt (total amount) \$ _____

Dan Exam/Registration \$ _____

Total Amount Enclosed \$ _____

All fees are due in US currency. Please make check or money order payable to **“ISKF”** or make payment by credit card (VISA, MASTER, DISCOVER). We do not accept American Express.

Card # _____

Exp. Date: _____ / _____ / _____

Signature _____



EAST COAST FALL CAMP 2016

ISKF MEDICAL QUESTIONNAIRE:

This Medical Questionnaire must be completed, signed, and submitted to the proper ISKF authority each year by any ISKF member wishing to compete in a karate tournament, take a Dan Examination, or participate in any ISKF event requiring this form.

1. You must have had a complete physical examination by a physician or a health care facility dated no longer than two years prior to the event in which you are expecting to participate.
2. This Medical Questionnaire will be reviewed by the ISKF event committee and will be held in a confidential file. Contents may be reviewed by your instructor and the tournament medical staff.

PLEASE PRINT OR TYPE

Last Name		First Name		Birthdate	
Family Doctor					Physician Phone :
Age:		Gender: M		F	
Address:					
State:		City:			Zip:
Club:					
Region & Country					
Instructor					
Emergency Contact	Name:		Phone:		
Relation to Competitor					

Do you have a history of any of the following conditions? Please check all that apply to you. If you answer Yes to any, please explain:

Condition	Yes w/Explanation	No
Have you ever been told that you could not participate in a sport in the last two years	<input type="checkbox"/>	<input type="checkbox"/>
Allergy to Medication(s). List all.	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension (high blood pressure)	<input type="checkbox"/>	<input type="checkbox"/>
Heart Murmur	<input type="checkbox"/>	<input type="checkbox"/>
Recent Infection	<input type="checkbox"/>	<input type="checkbox"/>

Bone fracture in past 6 months	<input type="checkbox"/>	<input type="checkbox"/>
Concussion or severe head injury in past 6-12 months	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>
Eye Injury	<input type="checkbox"/>	<input type="checkbox"/>
Severe bone bruises requiring padding	<input type="checkbox"/>	<input type="checkbox"/>
Kidney injury	<input type="checkbox"/>	<input type="checkbox"/>
Positive test for HIV	<input type="checkbox"/>	<input type="checkbox"/>
Positive test for Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>
Other Surgeries/hospitalizations in the past 6-12 months - explain	<input type="checkbox"/>	<input type="checkbox"/>

Are you currently taking any medications? List all)

I attest that the above information is true and correct to the best of my knowledge. I further understand that this information is necessary to participate in ISKF events Date of last complete physical exam by a physician or a health care facility / / /

Name of Physician:

Name of health care facility

I give permission to Dr. _____ to release any and all information regarding my medical visit on _____ date) to the ISKF National Committee for review to medically qualify for karate competition on _____ date (MM/DD/ YYYY).

Signature of Competitor: _____ Date: _____

(Parent or Guardian, if under 18 years of age):

Signature of Instructor _____ Date _____

Signature of Coach _____ Date _____



MINOR PARTICIPANTS:

THIS FORM MUST BE FILLED OUT BY PARENT OR LEGAL GUARDIAN.

PLEASE PRINT CLEARLY. ALL INFORMATION MUST BE SUPPLIED.

EMERGENCY CONTACT AND MEDICAL INFORMATION:

Name of Parent/Legal Guardian: _____

Address: _____

City _____ State _____ Zip _____ Country _____

Telephone (_____) _____ (day) (_____) _____ (night)

Child's Name: _____

Any recent or present condition or injury: _____

My child is allergic to the following medications: _____

My child routinely takes the following medication: _____

Her/his last tetanus immunization was: _____

GRAND VIEW HOSPITAL, SELLERSVILLE, PA. PARENTAL CONSENT FOR EMERGENCY TREATMENT:

Date: ____/____/____

I hereby give permission to the Emergency Department at Grand View Hospital to treat my son/daughter (name of minor):

Last Name _____ First Name _____

while we are away. I understand this permission covers the average emergency such as strain, sprain, cut, bruise, scrape, bump, skin rash such as impetigo, poison oak or ivy, bites such as bee stings and snake bites, allergic reactions, foreign bodies in the eye or skin, upset stomach, diarrhea, pink eye, minor burns, sunburn, suspected minor fractures, minor concussions, fevers, diagnostic x-rays, suturing, and the like. I give permission for my child to receive a tetanus booster (if needed). This permission is valid for 6 months only. I also understand that in cases of major significance such as a fracture, appendicitis, or any illness or injury requiring admission that additional consents will be necessary for treatment and that the hospital will make every attempt to reach me. I can be reached at the above address. Authorization is hereby given to release to:

(insurance company)

(policy number)

any information needed to complete hospitalization claims. Finally, I understand in cases of acute emergency when hospital personnel have attempted to notify me and are unable to reach me, that this permission form will suffice for treatment until such time as I am able to be reached.

While we are away, (name of minor): Last Name _____ First Name _____

is under care of: International Shotokan Karate Federation.

This form is for minor participants and must be filled out by Parent or Legal Guardian. Please print clearly. All information must be supplied.

INTERNATIONAL SHOTOKAN KARATE FEDERATION PARENTAL CONSENT FORM:

First Aid

I hereby give permission for the International Shotokan Karate Federation/East Coast Shotokan Karate Association (hereinafter "ISKF") doctor or nurse to administer minor first aid and/or seek emergency medical care for my son/daughter (name of minor):

Last Name _____ First Name _____

during his/her stay at the 30th Annual Fall Camp 2017 and Goodwill Tournament being held at Camp Green Lane September 15-17, 2017. I understand that this permission covers the average emergency such as, but not limited to, strains, sprains, cuts, bruises, scrapes, bumps, skin rashes, minor bites, allergic reactions, upset stomach, diarrhea, minor burns, suspected minor fractures, fevers, and other similar occurrences. This permission is valid only for the duration of the ISKF event or activity described above.

Emergency Care:

In the event that my child needs emergency medical care, as determined by the ISKF doctor/nurse, supervisory staff or administrators, I hereby give permission for said child to be treated in the emergency room and by the medical professionals of the hospital or medical center nearest to or most easily accessible to the ISKF event or activity described above. This permission includes, but is not limited to, fractures, snake bites, allergic reactions, minor concussions, contusions, lacerations, foreign bodies in the eyes or skin, fevers, diagnostic x-rays, suturing, minor burns, etc. I also give permission for my child to receive a tetanus booster (if needed).

I understand that in cases of major significance, such as a fracture, appendicitis, or any illness or injury which would require admission to a hospital, more consents will be necessary for treatment. If such a situation should arise, I further understand that the ISKF doctor/nurse, supervisory staff and/or administrators, and the hospital will make every attempt to reach me. I hereby release THE CAMP (30th Annual Fall Camp 2017 and Goodwill Tournament, ISKF and Camp Green Lane) from any and all liabilities due to personal injury, bodily harm, or lost or stolen articles.

Date

Signature of Parent/Legal Guardian